. MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AS FILED AFTER I"AMENDMENT AFTER 2 [™] AMENDMENT AS FILED AFTER I"AMENDMENT IND. DEP. 2 MAMENDMENT IND: DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. - 52 24. - 31 TOTAL IND. TOTAL IND TOTAL DEP TOTAL CLAIMS TOTAL